

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for dates of service 02/18/02 and 03/18/02.
- b. The request was received on 05/24/02.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs-1500
  - c. EOBs
  - d. Medical Records
  - e. Letter to Compliance and Practices
  - f. Additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No Response
3. The case file does not contain the additional documentation from the Requestor required by Rule 133.307 (g) (3). The Division requested this additional information from the Requestor via mail on 07/11/02. Without the Requestor's additional information, the Division cannot comply with Rule 133.307 (g) (4). The carrier was notified of this request for medical dispute on 06/13/02 by mail. The case file does not contain a response from the insurance carrier. It appears the Requestor sent a complete medical dispute packet with the initial request for medical dispute.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 05/24/02  
“...(Provider) received a TWCC-62 and partial payment for the above-mentioned dates of service stating, ‘Reduced according Fee Guidelines Global 95851 is included in another service pr [sic] procedure’....The carrier was asked to perform a reconsideration of its original denial, and the carrier has not responded to the request for reconsideration within the time frame outlines [sic] in Rule 134.304....the maximum allowable reimbursement amount for CPT 95851 is \$36.00 and the code was not global to CPT code 95833, resulting in an underpayment by the carrier.’.”
2. Respondent: No Response

#### IV. FINDINGS

1. Based on Commission Rule 133.305 (d) (1) (2), the only dates of service eligible for review are 02/18/02 and 03/18/02.
2. Per the provider's TWCC-60, the amount billed is \$100.00; the amount paid is \$0.00; the amount in dispute is \$72.00.
3. The carrier denied the billed services by code, "**F - FEE GUIDELINES MAR REDUCTION**".
4. The provider submitted a letter dated 04/17/02 to Compliance and Practices stating that the carrier did not comply with Rule 133.304 (c).
5. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/18/02 03/18/02	95851 95851	\$50.00 \$50.00	\$0.00 \$0.00	F F	\$36.00 \$36.00	MFG MGR (I) (E) (4); CPT descriptor; Rule 133.304 (c)	<p>The provider's request for medical dispute letter stated "partial payment" was made by the carrier. In a telephone conversation with the provider representative on 11/01/02, he stated that no payment had been made for these dates of service. Reimbursement for CPT code 95851 includes testing with comparison to normal side. CPT code 95851, Range of Motion, has a MAR value of \$36.00. The carrier denied reimbursement by "Fee Guidelines MAR Reduction". The carrier did not reduce the MAR value of the CPT code, but paid nothing to the provider for the services billed. In accordance with Rule § 134.304 (c), the carrier failed to submit explanation of benefits which included the correct payment exception codes required by the Commission's instructions or provide the provider with sufficient explanation to allow the provider to understand the reason for the denial.</p> <p>Reimbursement in the amount of <b>\$72.00</b> is recommended.</p>
<b>Totals</b>		\$100.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$72.00</b> .

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$72.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5th day of November 2002.

Donna M. Myers  
Medical Dispute Resolution Officer  
Medical Review Division

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